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ABSTRACT

The author discursively shares her personal story in becoming a consultant, primarily to university-related care-givers. Consultation is defined as helping the consultee to maximize his potential in his work role by assisting him to more effective and efficient use of his own initiative, perception and resources. The author explains her innovative attempts to get a feeling for what a competent, effective consultant experiences. More than once, she mentions consultee resistance to real learning and insists that an accepting and trusting climate is crucial in consultative relationships. Being also a psychotherapist, the author elaborates on the subtle but important reorientations which her role as consultant demanded. She proposes, for the consultant, that professional knowledge be used selectively and specifically to deal with the consultee's expressed needs. (TL)

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On Becoming A Consultant*

Miriam G. Burke, Ph.D.

My primary aim is to share something of my personal story in becoming a consultant. For this presentation a consultant is defined as one who helps to maximize the potential of the consultee in his work role by assisting the consultee to more effective and efficient use of his own initiative, perception, and resources. The focus of the consultation is determined, therefore, by the recognized concerns and requests of the consultee. The consultant provides a context for the relationship, based on mutual professional respect, within which the consultee can find an easy flexibility or additional specific information, or perhaps a new global awareness of the situation to use for his growth and development.

I undertook becoming a consultant with my usual, direct, energetic, active style of life. My formal education as a psychotherapist had responded to this approach with a great deal of personal satisfaction. I had a growing sense of myself as an authentic person--which means to me a person with strenghts and weaknesses--someone with limits as well as some capacity to transcend these limits. I was convinced, and remain convinced, that the more authentic I can be in therapy the more I am free to trust my intuitive awareness of what is most useful for any particular client.

Initially, consultation appeared a broader based opportunity to use my therapeutic skills. However, I also can remember feeling offended at what appeared to be some very manipulative suggestions concerning the difference in therapy and consultation. (Incidentally, I must admit, I would still rather speak of assisting the consultee to use his skills than speak of manipulation.)

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There was talk of using the consultee's defense system rather than confronting it; necessarily limiting the consultation focus to the work role, no matter how needy the person might be; recognizing the universality of resistance to real learning; and being aware of the consultee's organizational dimensions, such as power flows and prestige, both inside the organization and within the community.

I realize the concerns I am describing may be restricted to me--or to persons like me. Yet I would risk sharing some of my growing perceptions about consultation--specifically from the point of view of a consultant who includes both consulting and psychotherapeutic skills in her repetoire. I hope that sharing these expereinces will stimulate you to explore new ramifications and dimensions within yourself concerning consultation.

Most of my consultation has been to caregivers on the university campus - persons involved in give care to students - religious workers, professors, university residence personnel, and a specific college organization within a university setting. I had opportunity to work with both individual and group settings. I found different types of consultation useful in the two settings. However, I found the shifts in my orientation from therapist to consultant to be useful in both.

Incidentally, there is an interesting and important difference in consultation to caregivers and consultation to business enterprises. Have you already come to terms with it? Business enterprises have a profit motive as a coercive that caregiving institutions do not. In fact there seems to be a certain frame of reference that often surrounds caregivers. Some of us will be able to identify something of it within ourselves. I am speaking of the combination of wanting to help others but being very reluctant to admit

we need help ourselves.

Working as a consultant, within both individual and group consultation settings I began to discover the wisdom of a number of emphases I had earlier questioned. I had been intrigued with the idea of consultation from the beginning. I so thoroughly agreed with crisis intervention theory and competence theories of personality that my attention was easily gained. But was resistance to new learning really inevitable? Was social systems theory really needed as an additional base of understanding from which to work? Did I really need to come to terms with "power".

I began to grope, within myself, for some real emerging feeling of what a competent, effective consultant would experience. I worked at this in a couple of ways:

The most powerful thing I did was to take my initial consulting experiences to a group of more experienced consultants for review. I asked them to consult with me in what could be considered an appropriate consulting manner. In this way I experienced consulting and found an experiential way to clarify for myself what was useful in consultation - and what was not. I found many of my vague fears sustained during the first such experience. I felt uncomfortable with the interaction. I felt somewhat talked down to, unappreciated in my efforts, and eventually exposed by their awareness of what the real situation probably was. So I took my experience of them as consultants back to them the following week. They seemed surprised at my feelings. And then the crucial difference was made: they responded in a way that <u>affirmed me in my role as consultant</u>. It was then I began to really gain some new experiential information about consultation through consultation. I became aware of my own resistance to changing my perspective about helping relationships, and I began to identify

the important ingredients of consultants from whom I would seek consultation.

I also examined each actual consultation contact carefully. I would check my intuitive perception of the outcome of a consultation encounter against the reality of the next encounter. Did the consultee continue to take the initiative in the encounter? Was he still asking the same question, perhaps in altered form? Had he been able to get what he needed from the encounter to begin to move toward effective action? How was he using me after all?

Over a period of about three years I gradually became aware of some of the differences in my use of a number of variables in therapy and consultation. When I tried to identify the most crucial reorientations I was unable to decide whether my use of or perspective of <u>time</u> or my increased <u>contextual</u> awareness was most important. By most important I may mean "most basic" to the consulting role that was developing within me. But I'll begin with time.

Leisurely, available <u>time</u>, is deeply important particularly in the initial stages of consultation. Whether I was a part of the organizational structure or invited into the organization upon request, being available when the consultee was ready to consult was crucial. To my surprise I found such time is partly a state of mind. We are all busy. It's a habit. But when I began to leave some free time in my schedule for flexible interaction, spontaneous happenings could occur. Time became less tight. Since the consultee was primarily responsible for the specific use of the time we spent together I became less impatient, and therefore more able to let the consultee set the pace for the whole relationship. Since I was motivated by the desire to establish a long range consulting relationship I could wait with decreasing anxiety for the trust level to become established. However, I would feel free

to make casual contacts according to my own sense of need or freedom · sometimes lunch or a phone call - or a clipping.

One of the time problems in the university campus is the discontinuity over time of the same people to consult and to be consulted. Because of this reality I endeavored to emphasize that as professional people we do have questions and that consultation offered an opportunity to learn the process of clarifying one's questions, increasing one's range of possible alternate solutions, and discussing uncertain aspects of one's decisions. In other words I endeavored to create a trusting climate in which relating could occur even if we were not the specific individuals to benefit in the long run.

With the decreased intensity of the time factor and increased focus on the consultee or the group I became freer to be curious about the external organizational or contextual reality. I started to learn about power flaws and blocks and organizational goals. Here a new kind of humility or respect for the consultee became a reality. "Walk a mile in my shoes" is a useful imperative for all of us. I really could not know how he could resolve his current dilemma. The subtle feeling I sometimes have that I really know what's best for you has become a much freer, "I may know something that would be helpful. I wonder if that's true. You are free to check it out if you want to." Realizing now that initial contacts often come from new, less powerful, more peripheral persons I try to be aware of who the initial contacting person is and to handle these requests in a way that will become a prototype for future relationships.

So I find I use my professional knowledge in a different way in consultation from the way I used it as a therapist. As a therapist my knowledge is like my pantry or garden - to be used at my discretion. As a consultant I

am more like a smorsboard or a decorator shop. My knowledge is available to be selected by the consultee, within the limits of what I display. I do find I am displaying less as I become more comfortable with the idea of my consultee's competence to get what he needs from me and his ability to ask if he doesn't find it.

I have come to believe that resistance to real learning <u>is</u> universal. This possibility became a reality when I discovered my own resistance to a different perspective of consultation. I found out then there is a difference in being curious and really learning something. I began by being curious but found I needed an accepting climate to really learn. By the way one of the most difficult current questions I have comes as a result of a group of students who "know" so much as a result of cognitive education about persons and have experienced so little. Knowledge under these conditions seems to actually increase resistance to change rather than eliminate it. So I try to wait for my consultee's action on his own behalf before sharing my professional knowledge.

Sometimes consultation about a consultee's work role opens up into his own desire for personal growth. How I handle this has varied, depending on the consultee - and me - . Such instances have made me more selective in my response to content. This encourages the distinctions I feel is important - without disturbing the relationship.

So a broader time perspective and a greater awareness of the organizational reality has served to help me allow the consultee to be involved on his own terms more completely. This has helped me to avoid providing, inadvertantly, his format for him. In the meantime I am more able to use my professional knowledge to deal specifically with what he might be currently requesting.

This set encourages a different relationship from the from the ones I establish in therapy. Therapy relationships are usually intense, personal, dramatic, depleating and nourishing, rewarding or disappointing. They often have the caharacter of time-limited, episodal love affairs. Consultation relationships,on the other hand, are more extensive rather intensive; more professional rather than personal; more casual then dramatic. They are more the relationship of peers sharing adult-adult interaction, to use transactional analysis terminology. Consultation contracts vary widely allowing flexible, loosely interactive plans to combine or vary with specifically defined plans. Decisions often are made initially with "why not?" but as trusting consultation relationships continue these decisions more often occur as a result of "why?" The consultee becomes more confortable with his own ability to make decisions or recognize his own limits without embarrassment. He feels increasingly less need to ask many of the earlier questions - more willing to be responsible for expressing himself in his own role. The consultant works toward this goal - being without a job - but without closing the door to further consultation as life continues.

So I experience myself differently in the consultative role than in the role of therapist. Perhaps I am more intuitively a therapist; others of you mav be more intuitively a consultant. In therapy I am as fully present as a person as I can be; in consultation I endeavor to be as fully authentic as I can be - but not as fully present. I am willing to be more passively attentive to the consultee, more aware of the whole environment, more discriminating about my emotional and intellectual input, and less responsive to the unexpressed needs I may discern. In some ways I just sound like I'm growing up. But it came as something of a shock to realize that after all the effort

I spent becoming what my student clients call "a naturally stoned head" - that that wasn't the most useful credential to take into the consultation arena.

In conclusion, for the sake of those of you who have identified with me, let me admit I'm grateful to one of my professors who, hearing me commisserate about how easily I could get involved with my consultees, gently reminded me that I would probably have opportunities to consult, because of my willingness to be involved with them that other more inactive consultants might not get. I love him for that word. And I challenge you not to be discouraged if you have felt you were too direct and active as a consultant. Give yourself the time and patience to allow this more mature role to develop. I think you'll find it satisfying. I do.